

Home and Well Survey

Resident's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email address: _____

Owner Information (If Different): _____

Number Of Household Residents/Age Groups:

Infants (Under Age 1) _____ Toddlers (Age 1-6) _____

Children (Age 7-12) _____ Adolescents (Age 13-18) _____

Adults (Age 18-65) _____ Seniors (Age 66+) _____

Components of Water Treatment System (if any): _____

Well Information:

Type: Dug ☐ Drilled ☐ Well Depth: _____ Well Age: _____

Name of Driller/Service Company (If Known): _____

Length/Depth of Screen: _____

Well Repairs or Re-drilling in past 15 years: _____

Have you had your well tested in the past? _____

If so, and you would be willing to share your results with the EPA, what results have been in your well water historically? _____

Recent or past changes in water quality (taste, odor, appearance): _____

Do you currently use your well water for drinking? _____ Cooking? _____

Bathing? _____ Other household uses? _____

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If you do not use your well water, what water source do you use? _____

Have you been provided an alternate source of water for drinking/cooking? _____

Other uses? _____ When did this occur? _____

If so, who provides/provided the alternate water? _____

Is there an agreement with the provider? _____

What event/condition prompted the use of alternate water? _____

When did this occur? _____

Gas lease with any company: Yes ☐ No ☐

If so, what is the status of lease: _____

Any pending legal issues related to the lease or any legal issues related to potential drinking water contamination: _____

Comments: _____
